



KENTUCKY TRANSPORTATION CABINET
Department of Governmental Relations
Office of Rural and Secondary Roads

TC 20-16E
Rev. 02/2007

MUNICIPAL AND COUNTY ROAD AID EMERGENCY REQUEST

City/County: _____

Contact Person: _____

Telephone: _____ Fax: _____ E-mail Address: _____

Location of Project (Street/Road Name, including county road number, if applicable):

In the space below, provide a narrative explaining the nature of the emergency request:

For Office Use Only:

Dist. Est.: _____	Photos: _____	Initial Ltr.: _____
<input type="checkbox"/> Approved:	<input type="checkbox"/> Not Approved:	Date: _____
		Notified: _____
By: _____		